

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000045511

1. Corporation Name

CITY-WIDE ASSOCIATES, INC.

FILED

03 NOV 17 AM 11:58

SECRETARY OF STATE
REINSTATEMENT 9/6-03

2. Principal Office Address

775 N.E. 79 STREET

Suite, Apt. #, etc.

SUITE F

City & State

MIAMI, FL

Zip

33138

Country

USA

3. Mailing Office Address

775 N.E. 79 STREET

Suite, Apt. #, etc.

SUITE F

City & State

MIAMI, FL

Zip

33138

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/94

5. FEI Number

650514199

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MOSES C. FLORENCE

Street Address (P.O. Box Number is Not Acceptable)

775 N.E. 79 STREET

Suite, Apt. #, Etc.

SUITE F

City

MIAMI

State

FL

Zip Code

33138

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date November 14, 2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/D	MOSES C. FLORENCE	775 N.E. 79 STREET	MIAMI, FL 33138

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOSES C. FLORENCE

November 14, 2003

305-751-2192

Date

Daytime Phone #

CR2E081 (10/02)